

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # _____

10/527290

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

FEE VALUE	
ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
19	2/74
FEE	VALUE
CODE	FLATFEE
1632	(500)
10/12	900

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

William A. Harris

TITLE:

SIGNATURE:

National Stage Processing
Patent Specialist

PHONE:

OFFICE:

(703) 365-8421

THIS SPACE RESERVED FOR FINANCE USE ONLY:

BEST AVAILABLE COPY

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: